

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION | BA | 10381 | |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SS | 45085 | 10-21-00 |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

| | | | |
|------------------------|------------|---------|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| — (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

| Claim | Final | Original | C1 | C2 | Date |
|-------|-------|----------|----|----|----------|
| 1 | ✓ | ✓ | ✓ | ✓ | 11/11/02 |
| 2 | | | | | 3/3/02 |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | N | N | N |
| 6 | | | ✓ | ✓ | ✓ |
| 7 | | | ✓ | ✓ | ✓ |
| 8 | | | N | N | N |
| 9 | | | ✓ | ✓ | ✓ |
| 10 | | | ✓ | N | N |
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| 47 | ✓ | ✓ | ✓ | ✓ | |
| 48 | ✓ | ✓ | ✓ | N | N |
| 49 | | | | ✓ | ✓ |
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| Claim | Date |
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| 51 ✓ | |
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If more than 150 claims or 10 actions
staple additional sheet here

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